## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

500.36547CC3

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			22				I	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	2 → minus 20= *		* 2			X\$ 9≈		OR	X\$18=	36
IND	EPENDENT CL	AIMS	minus 3 = *			3		X42≈		OR	X84=	20
MULTIPLE DEPENDENT CLAIM PRESENT							-	+140=		OR	+280=	1
* If the difference in column 1 is less than zero, enter "0" in						olumn 2	١	TOTAL		OR	TOTAL	1038
CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Column 1) CLAIMS	(Column 2)			(Column 3)		SMALL	NTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	C . A . A . A			X42=		OR	X84≈	
_	FINST FRESE						1	+140=		OR	+280=	
	9 14 18 22 26 28							TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
	,	(Column 3)	,	ADDII. FEE		•	ADDIT. FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		2	1	X\$ 9≈		OR	X\$18=	
	Independent	ppendent   *   Minus   ***  ST PRESENTATION OF MULTIPLE DEPENDENT CLA		CI AINA		Ī	X42=		OR	X84=		
-	FINST PRESE	MIATION OF M	JETIPLE DEF	ENDEN	CLAIM		1	+140≃		OR	+280=	
										or	TOTAL ADDIT, FEE	
			ADDIT. FEE									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		2		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= _	1	X42≈		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=	
		mn 1 is less than t					L	TOTAL			TOTAL	
***	If the "Highest Nu	mber Previously P mber Previously P nber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."		DDIT. FEE	vooriate box		ADDIT. FEE	L
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